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PTO/SB/21 (08-04)

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TRANSMITTAL
FORM

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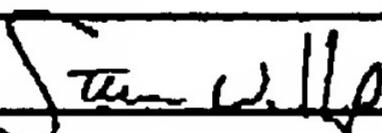
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Application Number	10/621,191
Filing Date	July 16, 2003
First Named Inventor	William Paul Schmidt
Art Unit	2872
Examiner Name	Mark A. Robinson
Attorney Docket Number	ML 0166 PUS

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Remarks	

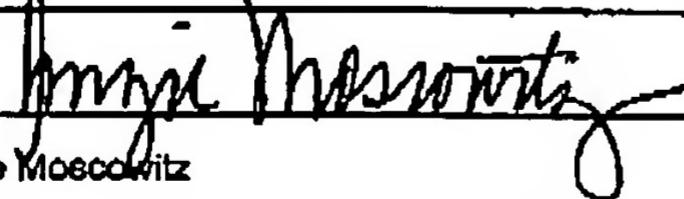
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Artz & Artz, P.C.		
Signature			
Printed name	Steven W. Hays		
Date	July 10, 2006	Reg. No.	41,823

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name

Amyl Moscowitz

Date July 10, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL
For FY 2006** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

250.00

Complete if Known

Application Number	10/621,131
Filing Date	July 16, 2003
First Named Inventor	William Paul Schmidt
Examiner Name	Mark A. Robinson
Art Unit	2872
Attorney Docket No.	ML 0166 PUS

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-0476 Deposit Account Name: John A. Artz, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input checked="" type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments |

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee DescriptionEach claim over 20 (including Reissues) Fee (\$) Small Entity Fee (\$)Each independent claim over 3 (including Reissues) Fee (\$) Small Entity Fee (\$)Multiple dependent claims Fee (\$) Small Entity Fee (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity Fee (\$)
- 20 or HP =	x	=		50 25

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
- 3 or HP =	x	=		Fee (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

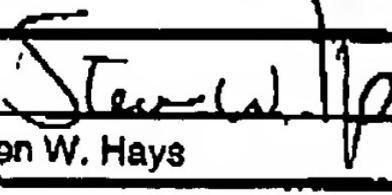
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Notice of Appeal Fee - SMALL ENTITYFee Paid (\$)

\$250.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 41,823	Telephone 248-223-9500
Name (Print/Type)	Steven W. Hays		Date July 10, 2006

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/31 (04-05)

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P702006

NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) CENTRAL FAX CENTER ML 0166 PUS
<p>I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] July 10, 2006 on _____</p> <p>Signature _____</p> <p>Typed or printed name Angie Moscowitz</p>		<p>In re Application of WILLIAM PAUL SCHMIDT</p> <p>Application Number 10/621,131 Filed JULY 16, 2003</p> <p>For REMOTE CONTROLLED CROSSOVER MIRROR</p> <p>Art Unit 2872 Examiner MARK A. ROBINSON</p>

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))

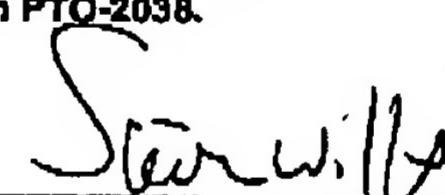
\$ **500.00**

- Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: **\$ 250.00**
- A check in the amount of the fee is enclosed. **07/11/2006 TL0111 08000022 500476 10621131**
- Payment by credit card. Form PTO-2038 is attached. **01 FC:2401 250.00 DA**
- The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.
- The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. **50-0476**. I have enclosed a duplicate copy of this sheet.
- A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

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I am the

- applicant/inventor.
- assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed.
(Form PTO/SB/96)
- attorney or agent of record. **41,823**
Registration number _____
- attorney or agent acting under 37 CFR 1.34.
Registration number if acting under 37 CFR 1.34. _____


Signature

STEVEN W. HAYS

Typed or printed name

248-223-9500

Telephone number

JULY 10, 2006

Date

**NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below*.**

*Total of **2** forms are submitted.

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